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**Docket Number (Optional)**  
HALBI 3.3-002

***(Fees pursuant to the Consolidated Appropriations Act, 2005 (H. R. 4818).)***

Application Number 10/584,677-Conf. #4999

Filed April 18, 2007

For DOCTOR BLADE SYSTEM, DOCTOR BLADE CLAMPING DEVICE, CHAMBERED DOCTOR BLADE SYSTEM, PRINTING UNIT, METHOD FOR CLAMPING A DOCTOR BLADE, AND METHOD FOR ATTACHING A CLAMPING PORTION OR A CHAMBERED DOCTOR BLADE

Art Unit 2854

Examiner L. T. Hinze

**This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.**

**The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):**

	<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to  
Deposit Account Number 12-1095 .

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number	25,428
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☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34

October 17, 2008

Date \_\_\_\_\_

**Arnold H. Krumholz**

**(908) 518-6304**

Typed or printed name

Telephone Number

**NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.**

☐ Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**Dated: October 17, 2008**

Signature: \_\_\_\_\_ (Arnold H. Krumholz)